



Kentucky Board of Nursing

www.kbn.ky.gov

Compliance Section, Consumer Protection Branch
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Counselor/Therapist Verification Form

Participant Name: _____

- ☐ KARE for Nurses Program
☐ Probation

Purpose: To verify the counselors and/or therapist knowledge of the terms of the KARE for Nurses Program Agreement/Agreed Order/Board Decision and to ensure the licensee's compliance with all aspects of the terms.

Directions: Please complete and return this form directly to the Kentucky Board of Nursing Compliance Section, Consumer Protection Branch, following discussion of the terms with the participant.

Participant Kentucky Board of Nursing License Number: _____

I verify that the above named participant, _____,
has given me a copy of their KARE for Nurses Program Agreement/Agreed Order/Board
Decision and we have discussed the terms of the said document.

Name (Print)

Name (Signature)

Name of Facility: _____

Address: _____

Telephone Number: _____

Date: _____

RETURN THIS FORM TO COMPLIANCE SECTION, CONSUMER PROTECTION BRANCH